

## **STATE OF WASHINGTON**

## WASHINGTON STATE SCHOOL FOR THE BLIND

2214 E. 13th St. · Vancouver, Washington 98661-4120 · (360) 696-6321 · FAX # 833-296-2184

## **Permissions**

WSSB academic and residential staff plans off-campus outings for students throughout the year. WSSB staff accompanies the students on these off-campus outings and the students are supervised according to their individual supervision needs. Students and staff will walk, use public transportation or use state vehicles. Activities

or educational outings will be planned at a variety of local location Parks, Community Educational Resources, Restaurants, Banks activities are free of charge; however there are few recreational	and/or various Recreation Activities. Most
My student has permission to participate in off campus education	nal/recreation activities.  Yes No
WSSB serves as a statewide resource and provides training rel- WSSB would like permission to use photographs, video and aud purposes:      Sharing information throughout WSSB its partnership a     Training for parents and professionals     Marketing of WSSB programs     Educational purposes which increase public awareness My child may be photographed, video and audio recorded by W	dio recordings of your student for the following and educational community  such as blindness
My child may be photographed and/or interviewed by local news ☐ Yes ☐ No	s organizations, i.e. newspapers, television, etc.
My child may have visitors at school \( \subseteq \text{Yes}  \subseteq \text{No}  \text{If no or} \)	with restrictions please explain:
WSSB from time to time with use an automated system to contact school reminders and student updates including attendance and school to contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with use an automated system to contact me with use an automated phone system to contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with an automated phone system on my heart of the contact me with a contact me with an automated phone system on my heart of the contact me with a contact	I lunch account balances. I give permission for the
Blind, Low vision, and Deaf Blind students have access to instructed federals programs. WSSB has my permission to place the name instructional programs. Examples include the American Printing Braille Library, and the Deaf Blind Registry among others.	e of my child on student lists that qualify for such House for the Blind, Washington Talking Book and
Student Name Signat	ure of Parent/Guardian Date